Idaho Disease

BULLETIN

Volume 12 Number 2 ***Division of Health*** ***April, 2005***

Lymphogranuloma Venereum (LGV) Outbreak in Europe has Potential for International Spread

From April through November 2003, 13 cases of lymphogranuloma venereum (LGV) were diagnosed among men who have sex with men (MSM) in the Netherlands. As of September 2004, that number had risen to 92 case-patients. Many reported having multiple sex partners in cities in Europe and the United States. STD and HIV co-infections have been prevalent, and participation in casual sex gatherings and unprotected anal sex has been reported by a majority of these individuals.

Of note, only one patient had symptoms usually associated with LGV (i.e., inguinal adenopathy [buboes] and a painful genital ulcer); all other patients had gastrointestinal symptoms (e.g., bloody proctitis with a purulent or mucous anal discharge and constipation).

LGV is a systemic, sexually transmitted disease caused by a type of *Chlamydia trachomatis* (serovars L1, L2, L3) that rarely occurs in the United States and other industrialized countries. *C. trachomatis*, regardless of the serovar, is a reportable disease in Idaho: suspected LGV cases should be reported to the district health department for epidemiologic follow-up.

Diagnosis is still based primarily on clinical findings. Serologic tests for *C. trachomatis* (i.e., microimmunofluorescence or complement fixation) can support diagnosis. A list of laboratories that perform serologic tests for *C. trachomatis* and might provide a titered result is available at http://www.cdc.gov/std/lgv-labs.htm.

Health care providers should be vigilant for LGV, especially among MSM exposed to persons from Europe, and be prepared to diagnose the disease and provide appropriate treatment to patients and their exposed sex partners. A summary of the outbreak and the etiology, clinical manifestations, diagnosis, and recommended treatments for LGV are available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5342a2.htm.

Influenza Season Update

Influenza is not reportable in Idaho; however, information on influenza in Idaho is gathered from laboratory submissions and sentinel sites across the state. This influenza season, like 43% of influenza seasons nationwide examined between 1976 and 2004, appeared to peak the last week of February and the first week of March 2005. The Idaho State Bureau of Laboratories (IBL) identified the circulating A and B subtypes through laboratory surveillance. The influenza A (H3N2) subtype predominated this season, followed by influenza B/Yamagata. The Centers for Disease Control and Prevention is currently evaluating the strain(s) of submitted Idaho A isolates to determine if the

More inside

A (H3N2)/ Fujian-like strain, the newer A(H3N2)/California strain (which emerged this season in the western hemisphere), or if some other A strain predominated this season in Idaho. Additional findings to date included one A (H1N1) and five B/Victoria isolates.

The World Health Organization has decided, in light of the emerging A(H3N2)/California strain, to change the formulation of the influenza vaccine for the 2005–2006 influenza season for the northern hemisphere by replacing the A(H3N2)/Fujian-like strain with the A(H3N2)/California/7/2004 reference strain. The other components will not change from the 2004–2005 vaccine.

Influenza-associated mortality in Idaho was low in the 2004–2005 season. There were six deaths reported in Idaho as of March 22, 2005, all in individuals over 50 years of age.

On October 5, 2004, Chiron Corporation announced that they would not be delivering 50% of the U.S. vaccine supply. This announcement alerted the world to a pending serious vaccine shortage for the 2004–2005 influenza season. Altered vaccine recommendations were quickly communicated to healthcare providers and the public in an attempt to restrict the use of vaccine to those that were considered at highest risk for serious side effects from influenza infection. MMWR, October 8, 2004 /53(39);923-924 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5339a6.htm)

Because of these new recommendations and the lack of available vaccine, newly created questions were added to a routine phone survey (Behavioral Risk Factor Surveillance Survey) to assess vaccine usage patterns of Idahoans in light of this shortage. The BRFSS survey was administered between November 1, 2004 and February 28, 2005. Based on telephone survey responses, approximately 16% of Idaho adults received influenza vaccine this season, a decrease from 37% last year.

Among the 75 persons aged 65 and older surveyed, 50 had received the vaccine last season and 44 had received the vaccine this season. Among those elderly who did not receive the vaccine this season, the leading reasons were the perception that they did not need to be vaccinated, concern about the vaccine's efficacy or side-effects, and the vaccine shortage.

Pertussis on the Rise in Idaho 2004–2005: Hope on the Horizon

Cases of pertussis (whooping cough) have recently increased in Idaho, with outbreaks declared in northern, south central, and southeastern Idaho since December 2004. Recent outbreaks have included clusters in sports teams, daycare facilities, and the general community. Outbreaks of pertussis are frustrating for families, providers, and public health staff alike because several factors make pertussis infections more difficult to diagnose, treat, and control than most other vaccine-preventable diseases.

Factors include incomplete (although substantial) protection from the disease, even in fully immunized persons, symptoms that are not always distinguishable from other causes of cough illness, poor sensitivity and specificity of available tests, and a lack of long-lasting immunity after immunization or natural infection. Waning immunity allows adults to become infected with this disease and spread it to vulnerable infants.

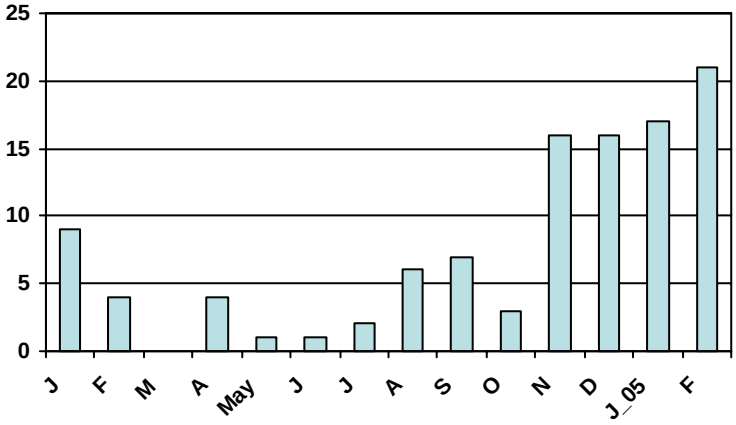

Figure 1. Number of reported cases of pertussis by month, Idaho, Jan. 2004– Feb. 2005.

The recent outbreak, described below, illustrates some of these challenges.

Seven players on a south central Idaho high school girls' basketball team were diagnosed with pertussis after one coughing player had culture-confirmed disease, reported December 27, 2004. Although two of the seven epidemiologically-linked cases were tested, neither of the two cases had positive cultures. Interviews of the coughing girls revealed that the first case had begun coughing months earlier on approximately October 6, 2004.

Very young children are the primary victims of this disease; adolescents and adults with waning immunity are the primary reservoir. The incidence of reported cases of pertussis in the U.S. among infants increased 49% in the 1990s compared with the incidence in the 1980s. A recent study in the Pediatric Infectious Disease Journal demonstrated that for infants with a known source of pertussis, other family members were the most common source. In the 1990s 103 pertussis deaths were reported in the U.S.; 93 deaths (90%) were among infants, including 84 among infants <4 months of age. Hope is on the horizon, however, as two new pertussis vaccines which will be licensed for administration to adolescents are expected to be approved by the FDA this spring. Vaccination of adolescents may decrease pertussis transmission in older children and adults significantly, thus increasing protection of all children, even those who are too young to have completed their vaccination series.

Learning Management System

The Idaho Department of Health and Welfare (IDHW) and the Institute of Emergency Management have joined forces to implement a web-based preparedness Learning Management System (LMS) for all Idaho's first responders. This includes personnel in healthcare, public health, emergency management, emergency medical services, fire, hazardous materials, law enforcement and public safety communications.

Found at www.idahoprepares.com, this system allows users to enroll in emergency preparedness and public health classes, sign up to be public health/health care volunteers, take online courses, download materials from the library, and order videos and CD-ROM-based courses. The LMS also tracks and maintains the course records of all users, allowing site users to produce on demand transcripts so they can submit their course records for credit from accrediting organizations.

In order to take advantage of all the new LMS site has to offer, potential users must first register at the site. Once they are part of the system, participants will be able to access the master calendar of all course offerings, sign up to become public health/healthcare volunteers if they are interested, and enroll in the classes they want 24 hours a day, 365 days a year.

Eventually the LMS system will provide learners with the ability to take classes online and print their own certificates when courses have been completed.

For more information on the Idaho Preparedness Learning Management System, please visit the site at https://www.idahoprepares.com or contact Maureen Welcker the IDHW Health Preparedness program at welckerm@idhw.state.id.us.

Use of *Norovirus* Testing at the Idaho Bureau of Laboratories

The Idaho State Bureau of Laboratories (IBL) performs testing for *Norovirus* by RT-PCR. The IBL follows the Centers for Disease Control and Prevention's protocols and guidelines when examining stool samples from individuals potentially associated with an outbreak of *Norovirus*. This assay was developed only for use in the investigation of outbreaks of gastroenteritis, and is not offered for individual testing in the absence of an outbreak. If you suspect a *Norovirus* outbreak, please contact an epidemiologist at your district health department. They will investigate the outbreak and facilitate sample testing through the IBL.

Idaho Disease Bulletin
Office of Epidemiology and Food Protection
P. O. Box 83720
450 W. State St., 4th Floor
Boise, ID 83720-0036
www.healthy.idaho.gov

Editors:
Christine G. Hahn, MD
State Epidemiologist

Leslie Tengelsen, PhD, DVM
Deputy State Epidemiologist

Kris Carter, DVM, MPVM
Career Epidemiology Field Officer

ROUTINE PHYSICIAN 24-HOUR DISEASE REPORTING LINE: 1-800-632-5927
EMERGENCY PHYSICIAN 24-HOUR REPORTING LINE: 1-800-632-8000

Idaho Disease
BULLETIN
Idaho Department of Health and Welfare
Division of Health
P. O. Box 83720
Boise, ID 83720-0036

PRSRT STD
U.S. POSTAGE
PAID
PERMIT NO. 1
BOISE, ID